

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53303

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1			
4				1		
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16			1			
17			1			
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30						
31			1			
32			1			
33			1			
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48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.		↔	26	↔	↔	
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS						